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Let's Celebrate!

**Smokefree  
MONTANA**

## Through With Chew

Montanans are standing up against Big Tobacco as part of *Through With Chew Week*, February 14 - 20, 2010.

As more smokefree air laws like Montana's Clean Indoor Air Act are implemented, the tobacco industry wants to make people believe that spit tobacco products and other addictive, so-called "smokeless" nicotine products are harmless. These products are not a safe alternative to smoking. Spit tobacco contains 28 different cancer-causing substances in addition to nicotine, and users are 50 times more likely to develop oral cancer than nonusers. In addition, spit tobacco can deliver up to five times more nicotine than a

cigarette, making it especially addictive.

Montana men use spit tobacco at a prevalence of more than twice the national average at thirteen percent. This presents a serious public health problem for our state and is why public health events like *Through With Chew Week* are essential. *Through With Chew Week* draws attention to the health dangers in using all forms of commercial tobacco, the important role of tobacco-free policies, and the importance of cessation services. People who want to quit using spit tobacco can take advantage of the Montana Tobacco Quit Line.

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## Tests for Colorectal Cancer

Everybody age 50 - 75 should be screened at regular intervals for colorectal cancer. Those with a higher risk such as a family history should start earlier. This can save your life since the tests can detect polyps while they are still benign, or can detect cancer at an early, curable stage. Talk with your healthcare provider about being screened, don't wait for them to bring it up. You don't have to have all of the tests listed below done on an annual basis. Each test has its own set of recommendations for how often it needs to be repeated. The gold standard for colorectal cancer screening is the colonoscopy, but any test is better than none. Testing options include:

**Fecal occult blood test (FOBT)** detects hidden (occult) blood in a stool sample. The doctor gives you a kit to

take home. You then send a smear to the lab. If blood shows up, it may have come from something besides cancer - that is, the result may be a false-positive. FOBT



may also miss cancers. If blood is detected, a person is referred for further testing such as a colonoscopy.

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## TESTS

This test must be done annually.

**Fecal immunochemical test (FIT)** is a newer kind of test that also detects occult (hidden) blood in the stool. This test reacts to part of the human hemoglobin protein, which is found on red blood cells. The FIT is done essentially the same way as the FOBT, but some people may find it easier to use because there are no drug or dietary restrictions (vitamins or foods do not affect the FIT) and sample collection may take less effort. This test is also less likely to react to bleeding from parts of the upper digestive tract, such as the stomach. As with the FOBT, the FIT may not detect a tumor that is not bleeding, so multiple stool samples should be tested. And if the results are positive for hidden blood, a colonoscopy is required to investigate further. In order to be beneficial the test must be repeated every year.

**Double Contrast barium enema** needs to be done every 5 years. This test is basically a type of x-ray test. Barium sulfate, which is a chalky liquid and air are used to outline the inner part of the colon and rectum to look for abnormal areas on x-rays. If suspicious areas are seen on this test, a colonoscopy will be needed to explore them further.



**Flexible Sigmoidoscopy.** This exam of the lower half of the colon is done with a flexible lighted tube. Small polyps can be removed and biopsied if necessary. If anything suspicious is found, a colonoscopy will be needed to check the upper colon. To prepare, you will need an enema the day of the exam. This test is to be done every five years and requires an annual FOBT.

**Colonoscopy** is the examination of the entire colon using a flexible scope mounted on a video screen. If polyps are found, they can be removed right then for further testing. This test requires a specialist. Expensive but highly accurate and valuable, it requires a clear-liquid diet and strong laxative the day before. Testing every 10 years is sufficient if no polyps are found. Otherwise, the physician may recommend re-testing in 3 to 5 years.

**TRUE or FALSE?**

Colorectal cancer is the 2nd leading cancer killer. <b>TRUE</b> FALSE	Both men and women get colorectal cancer. <b>TRUE</b> FALSE
Colorectal cancer often starts with no symptoms. <b>TRUE</b> FALSE	You can stop this cancer before it starts. <b>TRUE</b> FALSE

Testing for colorectal cancer can save your life. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Screening can also find colorectal cancer early, when treatment is most effective. Talk to your doctor and Screen for Life.

  1-800-CDC-INFO (1-800-232-4636) For TTY: 1-888-232-4348 [www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife) © 2008 CDC - Screen for Life

**Virtual colonoscopy** is similar to conventional colonoscopy except that the colon is visualized by a CT scan after the colon is inflated with air. No sedation is necessary and the test is less invasive than a regular colonoscopy. As with the regular exam, you have to go on a clear liquid diet and take a laxative the day before. Studies have shown this method to be promising, but if polyps are found, a regular colonoscopy will have to be done.

Source: American Cancer Society

## TWC

The Montana Tobacco Quit Line, funded by the Montana Tobacco Use Prevention Program, is a free, telephone-based service for all tobacco users that provides cessation coaching, help developing individual quit plans, nicotine replacement therapy, and reduced-cost Chantix. Calls are toll-free at 1-800-QUIT-NOW (784-8669). Using the Montana Tobacco Quit Line may prove critical, as participants in the Quit Line program are 7 to 10 times more likely to quit than those who attempt quitting alone.

The week-long *Through With Chew* campaign was established in 1989 by the American Academy of Otolaryngology - Head and Neck Surgery, Inc. to decrease spit tobacco use and increase awareness of the negative health effects caused by using these products.



## Tobacco News Briefs

- \* Prostate cancer is one of the few cancers that has not been linked to smoking - until now. In the American Journal of Public Health in September, an analysis of 24 studies involving more than 21,000 cases of prostate cancer found that smoking does increase the risk by 10% to 30%, depending on how long and how heavily the men smoked.
- \* On January 14, 2010, U.S. judge granted a preliminary injunction barring the Food and Drug Administration from attempting to regulate e-cigarettes and stopping imports of e-cigarettes into the U.S. The legal battles surrounding e-cigarettes didn't stop with this ruling. In fact, manufactures are seeing law-suits and new legislation popping up across the country.
- \* Exercise may help smokers quit in a variety of ways, both physical and psychological. Exercise often comes with a mindset - specifically a "turning over a new leaf" mentality. Any moderate-intensity or vigorous exercise can help curb nicotine cravings and withdrawal symptoms. Exercise also increases some of the mood-enhancing brain chemicals that nicotine boosts. Moreover, focusing on a positive habit, rather than simply trying to abstain from an unhealthy one, helps some people quit for good. And exercise can also help by reducing the weight gain, or fears of weight gain, often associated with smoking cessation.

## MONTANA TOBACCO



- \* Free Counseling
- \* Free Information
- \* Free Nicotine Replacement
- \* Reduced cost prescription CHANTIX

## Upcoming Events

- |                        |                                   |
|------------------------|-----------------------------------|
| <b>February 14-20:</b> | Through With Chew Week            |
| <b>February 18:</b>    | Great American Spit Out           |
| <b>March:</b>          | Colorectal Cancer Awareness Month |
| <b>March 18:</b>       | Coalition Meeting                 |
| <b>March 24:</b>       | Kick Butts Day                    |

## Five Myths About Colon Cancer

Many times, colorectal cancer can be prevented. Still, it's one of the 5 most common cancers in men and women in the United States. Colorectal cancer is also one of the leading causes of cancer death in the United States. Don't let these 5 common myths stop you from getting the life-saving tests you need, when you need them.

**Myth: Colorectal cancer is a man's disease.**

**Truth:** Colorectal cancer is just as common among women as men. Each year, about 150,000 Americans are diagnosed with colorectal cancer, and more than 50,000 die from the disease.

**Myth: Colorectal cancer cannot be prevented.**

**Truth:** In many cases colorectal cancer can be prevented. Colorectal cancer almost always starts with a small growth called a polyp. If the polyp is found early, doctors can remove it and stop colorectal cancer

before it starts. These tests can find polyps : double contrast barium enema, flexible sigmoidoscopy, colonoscopy, or CT colonography (virtual colonoscopy).

To help lower your chances of getting colorectal cancer:

- \* get to and stay at a healthy weight
- \* be physically active
- \* limit the amount of alcohol you drink
- \* eat a diet with a lot of fruits and vegetables, whole grains, and less red or processed meat
- \* get screened

**Myth: African Americans are not at risk for colorectal cancer.**

**Truth:** African-American men and women are diagnosed with and die from colorectal cancer at higher rates than men and women of any other US. racial or ethnic group.

**Myth: Age doesn't matter when it comes to getting colorectal cancer.**

**Truth:** More than 90% of colorectal cancer cases are in people age 50 and older. For this reason, the American Cancer Society recommends you start getting tested for the disease at age 50. People who are at a higher risk for colorectal cancer -- for example, those who have colon or rectal cancer in their families -- may need to begin testing at a younger age. Talk to your doctor about when you should start getting tested.

**Myth: It's better not to get tested for colorectal cancer because it's deadly anyway.**

**Truth:** Colorectal cancer is often highly treatable. If it is found and treated early, the 5-year survival rate is about 90%. But because many people are not getting tested, only about 4 out of 10 are diagnosed at this early stage when treatment is most likely to be successful.

*Source: American Cancer Society*

### Flathead City-County Health Department

We're on the Web:

[flatheadhealth.org/healthadmin](http://flatheadhealth.org/healthadmin)

**THE COALITION FOR A HEALTHY FLATHEAD** is a joint effort between the Flathead County Tobacco Use Prevention Program and the Region 1 Comprehensive Cancer Control Program.

Tobacco Prevention has a mission to reduce tobacco use by promoting a tobacco-free lifestyle and focuses on changing the way tobacco is used, sold and promoted in Montana; preventing youth from beginning a lifetime of addiction to tobacco products; and helping to protect non-smokers from the hazardous effects of secondhand smoke. Comprehensive Cancer Control has a mission to reduce cancer incidence, morbidity, and mortality, and cancer related health disparities. The program works to bring many partners together, use data and research results to identify priorities among cancer issues, implement evidence-based solutions, and use limited resources efficiently.

To join, contact Wendy Olson at 751-8106, [wolson@flathead.mt.gov](mailto:wolson@flathead.mt.gov) or Leslie Deck at 751-8107, [ldeck@flathead.mt.gov](mailto:ldeck@flathead.mt.gov).